## **FCC 388**

## **DTV Consumer Education Quarterly Activity Report**

### Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: <a href="http://fjallfoss.fcc.gov/prod/ecfs/upload\_v2.cgi">http://fjallfoss.fcc.gov/prod/ecfs/upload\_v2.cgi</a>
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file
  that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)		WRBJ
Report reflects information for quarter	03/31/2008	
Have you opted to comply with Option	One, Two, or Three (once elected, this choice	nay not change)?
Option One (A and D)	Option Two (B and D)	Option Three (C and D)
Over the past quarter, have you fully co	omplied with the requirements of this option?	
Are you simulcasting on your Analog cha	nnel and your primary Digital stream?	
☐ Yes ⊠ No		
	If YES, complete only one form for both. If NO channel and a second for your primary Digital str	

Call Sign	Channel	Numbers			. (	Community	of License	
				1	City	State	County	Zip Code
WRBJ	Analog Digital	Not Yet Operational		М	lagee	MS	Smiths	39202
Licensee Roberts Broadcasting Company of Jackson, MS, LLC								
Above, circle the Channel Number(s) to which this form applies.			Nielsen DMA	Wo	World Wide Web Home Page Address			
34					87	ww	w.cw34jackson.com	
Facility ID Number	1	Previous Call Sign (if appl	licable)		Lice	nse Renev	al Expiration Date (mm/dd	/yy)
136749							06/01/2012	

### Section A (For broadcasters electing Option One)

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

lave you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the orrect quarters of the day?
☐ Yes ☐ No
lave you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the orrect quarters of the day?
Yes No

### Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

## Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:00	a.m. and 1:00 a.m. last quarter?	_
Total 5:00 a.m. to 1:00 a.m. PSAs	47	
Total 5:00 a.m. to 1:00 a.m. CSTs	0	
For informational purposes only, how many DTV PSAs and CST a.m.?	's did your station run in the last	quarter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	17	
Total 6:00 a.m. to 9:00 a.m. CSTs	0	
For stations located in the Eastern or Pacific Time Zone, how many from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	DTV PSAs and CSTs did your st	ation run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs		
Total 6:00 p.m. to 11:35 p.m. CSTs		
For stations located in the Central or Mountain Time Zone, how ma from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	ny DTV PSAs and CSTs did your	station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	0	
Total 5:00 p.m. to 10:35 p.m. CSTs	0	
Comments (add additional sheets where necessary): Informational DTV PSA's aired in ROS during first quarter of 2008. Fixed position schedules are in place for second quarter.		

# 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related information be run between the hours of 8:00 a.m. and			At least one such program must
Total number of 30 Minute Informational	Programs	0	
Comments (add additional sheets where ne	ecessary):		. ,
100-Day Countdown Eligible Pieces – La	ast Quarter		
Beginning on November 10, 2008, all state activities. Stations must execute a minimum February 17, 2009. During the last quarter	um of one "Countdown to	DTV" on-air activity per day du	iring the 100 days leading up to
Gre	aphic Displays		
Ani	imated Graphics		
Gra	aphic and Audio Displays		
Lor	nger Form Reminders		
Comments (add additional sheets where ne	ecessary):		
Comments (man manning success manning			
•			

### Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?

Yes No

### 30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related informational programs did your describe this activity. At least one such program must be run betw 2009.	
Total number of 30 Minute Informational Programs	
Comments (add additional sheets where necessary):	

## Section D (For all broadcasters)

Additional DIV On-air Initiatives – Last Quarter	
Did your station run additional on-air initiatives (such may be used to describe these initiatives.	n as news reports, town hall meetings, etc.) during the quarter? The comment box
☐ Yes ⊠ No	Comments (add additional sheets where necessary):
Station Website Additional Activity Related to the	DTV Transition – Last Quarter
Does your station have a Website?	Yes 🗌 No
If YES, did your station provide additional DTV relat describe what was posted on the station's Website.	ted information or activities on that Website? The comment box may be used to
☐ Yes ⊠ No	Comments (add additional sheets where necessary):
	nat your station engaged in over the last quarter. The comment box may be used
to describe this activity.	
Speaking Engagements	Comments (add additional sheets where necessary):
Community Events	Comments (add additional sheets where necessary):
Other (describe)	Comments (add additional sheets where necessary):
This comment box may be used to include other co	mments or information about your station's DTV activity over the last
Comments (add additional sheets where necessary):	

#### STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Monica N. Johnson	Director of Compliance/Operations
Signature	Date
	04/08/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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